MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3	1							53						
4	1							54						
5	1							55						
6		1						56						
7		1						57						
8	1							58						
9		1						59						
10		1						60						
11	1							61						
12	1							62						
13	1							63						
14	1							64						
15		(1)						65						
16		4						66						
17	1							67						
18	1							68						
19	1	-						69						
20		3						70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31	1	6						81						
32	1							82						
33	1							83						
34	1							84						
35		1						85						
36								86						
37		4						87	-			-		
38	1							88						
39	1							89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	17	←		←		←		TOTAL IND.		←		←		←
TOTAL DEP.	19							TOTAL DEP.						
TOTAL CLAIMS	36							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS